

CITY OF BURBANK

WORKERS' COMPENSATION TECHNICIAN

DEFINITION

Under direction, to coordinate and monitor medical only claims; to perform a variety of advanced clerical and basic administrative duties in connection with the administration of the City's Workers' Compensation Program; and to do related work as required.

ESSENTIAL FUNCTIONS

Responsible for workers' compensation functions requiring technical and specialized knowledge; reviews and examines claims for injuries/illness that do not require time off and may assist adjusters with lost time claims; assists in the development of strategies and make recommendations on assigned cases; consults with physicians and attorneys as necessary; establishes reserves for "medical only" claims; monitors reserves for appropriate changes as necessary; assists medical providers, vendors, and supervisors with questions and inquiries in order to provide proper care and treatment for injured employees; contacts and/or advises injured workers regarding procedures and regulations; reviews all incoming reports of injury; reviews all files open for over one year for potential closure; may assist in coordinating light duty assignments; investigates compensability and subrogation issues; reviews and processes benefit payments and other documents for accuracy; authorizes appropriate payments within pre-established limits; operates a variety of office equipment to ensure completeness of comprehensive workers' compensation records; enters data; supervises personnel engaged in maintenance of complex record keeping system; provides difficult and complex clerical support, as needed; performs other related duties as assigned; drives on City business.

MINIMUM QUALIFICATIONS

Employment Standards:

- Knowledge of – workers' compensation law, claims management, and medical terminology; modern office methods, procedures and equipment, including filing systems; computer hardware and software; workers' compensation claims handling and payment techniques, regulations; City procedures; English usage, spelling, grammar, and punctuation; payroll and budget procedures; basic arithmetic and accounting.
- Ability to - communicate effectively, both orally and in writing; establish and maintain effective working relationships with supervisors, fellow employees, and the public; deal effectively with medical, legal, and other professionals; understand and apply a wide variety of legal requirements, technical procedures and policies; understand medical terminology; develop and organize records and reports; effectively supervise employees and evaluate their performance; operate a variety of office equipment; understand and explain a wide variety of technical procedures and policies; work independently and exercise judgment and initiative in performing assigned duties.

Education/Training: Graduation from high school or equivalent; five years of increasingly responsible clerical work and one year of workers' compensation claims experience.

License & Certificates: A valid California Class "C" Driver's License or equivalent at time of appointment.

SUPPLEMENTAL INFORMATION

Desirable Qualifications: A Medical-Only Claims Adjuster or Medical Bill Reviewer Workers' Compensation certification as required by the State of California.